

Follow-up Report for AS 45.55.900(b)(19)

(Rescissions)

(To be filed after the rescission offer has been completed.)

Please fill out this form and submit to:

Administrator of Securities
Alaska Division of Banking, Securities,
and Corporations
P.O. Box 110807
Juneau, AK 99811-0807
(907) 465-2521

Alaska File No.: _____

THIS FORM TO BE FILED WITHIN 30 DAYS AFTER ALL RESCISSION

OFFERS ARE COMPLETE AND ALL OFFEREEES HAVE RESPONDED.

1. Name, Address and Telephone number of person filing this notice:

Full Name of contact person	Address	Phone
		Fax

The person signing this form must show name & address above. If for some reason that person is not available to sign, please request a waiver in writing and give reason.

2. Name, Address, and Telephone number of Issuer:

Name of issuer	Address	Phone
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Date rescission offer was completed: _____

3. Describe any ADDITIONAL special considerations you asked the administrator to consider (see Form 08-111) and the results:

4. LIST NAMES AND ADDRESSES OF THE PERSONS OFFERED RESCISSION AND DOLLAR AMOUNTS OF THE SECURITIES INVOLVED. INDICATE THOSE WHO ACCEPTED. ALSO LIST THOSE WHO REJECTED OR FAILED TO ACCEPT THE RESCISSION OFFER AND RETAINED THE ORIGINAL SECURITIES. IF ALL OFFEREEES MADE THE SAME DECISION, ONLY ONE LIST NEED BE SUBMITTED. (Use additional sheets as necessary.)

¶ 4 CONTINUED:

**ATTACH A COPY OF THE RESCISSION OFFER (AS 45.55.900(b)(19)
AND ALL DISCLOSURES PROVIDED UNDER 3 AAC 08.915.**

BE SURE TO FILE THIS FORM WITHIN 30 DAYS OF COMPLETION OF THE OFFER OF RESCISSION

By filing this notice, I affirm that all statutory requirements of AS 45.55.900(b)(19) have been met to date and will continue to be met during the offering period.

Signature of attorney or principal (please state which)

Title

Date